

SC Department of Disabilities and Special Needs

**FACILITY USE APPLICATION**

Please read the attached before completing this form.

1. Name and address of organization: \_\_\_\_\_  
\_\_\_\_\_
2. Name of responsible contact person: \_\_\_\_\_  
Business Number: \_\_\_\_\_ Home Number: \_\_\_\_\_
3. Facility or area requested: \_\_\_\_\_
4. Date(s) of intended use: \_\_\_\_\_
5. Hours of intended use: \_\_\_\_\_
6. Purpose of use: \_\_\_\_\_
7. Age range of participants: \_\_\_\_\_
8. Number of participants: Children: \_\_\_\_\_ Adults: \_\_\_\_\_
9. Special arrangements needed: \_\_\_\_\_
10. Opportunity for participation by people residing at the facility: \_\_\_\_\_  
\_\_\_\_\_
11. Evidence of liability insurance: ☐Yes ☐No  
Name of Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

I hereby affirm that I have read and do understand the guidelines for the use of Departmental facilities and that I have or will convey these guidelines to all members of my group who will participate and use the facility as above requested. Further, on behalf of my group, I hereby promise to save harmless the South Carolina Department of Disabilities and Special Needs from all liability for any injury that may occur to any member(s) of my group while using the facilities of the South Carolina Department of Disabilities and Special Needs.

\_\_\_\_\_  
Organization Signature

Date: \_\_\_\_\_

Above use: ☐Approved ☐Disapproved

\_\_\_\_\_  
Facility Administrator Signature

Date: \_\_\_\_\_